

# Action Plan in response to the PPO Report into the death of Mr Syed Rahman 08/06/2021 HMP Forest Bank

Rec No	Recommendation	Accepted / Not accepted	Response Action Taken / Planned	Responsible Owner and Organisation	Target Date
1	<p>The Director and Head of Healthcare should ensure that staff manage prisoners at risk of suicide and self-harm in line with national instructions, and in particular that reception staff should:</p> <ul style="list-style-type: none"> <li>• be provided with all information about a prisoner's risk factors, including any information sent to the prison by external partners such as probation staff;</li> <li>• have a clear understanding of their responsibilities to identify prisoners at risk of suicide and self-harm;</li> <li>• examine all relevant information that arrives with a prisoner;</li> <li>• identify a prisoner's risk factors and assess their risk based on their risk factors and not solely their personal presentation; and</li> <li>• document the risk information considered and the reasons for not starting ACCT procedures.</li> </ul>	Accepted	<p>All staff have received ACCT training which covers both risks and triggers and the dynamic assessment of risk of suicide and self-harm. The risk and triggers training includes instructions for staff to review and identify a prisoner's risk factors and assess their risk based on these and not solely their presentation. It also includes the requirement to document the risk information that has been considered and the reasons for not starting ACCT procedures.</p> <p>All prison staff who work in reception have regular briefings where they are reminded of the need to review all relevant documentation so that any needs and risks are identified promptly and addressed. This information is also available to the healthcare staff located in reception.</p> <p>All healthcare staff that complete first night reception screenings have also been reminded of the importance of analysing all relevant information to inform a thorough risk assessment. Healthcare staff have also been reminded of the importance of documenting the decisions not to start ACCT procedures when several risk factors are identified.</p>	<p>Head of Prisoner Safety Sodexo</p> <p>Head of Healthcare Sodexo</p>	Completed



2	<p>The Director should ensure that staff manage prisoners at risk of suicide and self-harm in line with national and local instructions, including that:</p> <ul style="list-style-type: none"> <li>• staff review a prisoner’s level of risk whenever there is an event or change of circumstances that could impact on risk; and</li> <li>• all staff are aware of the local instruction on the issue to prisoners of unperforated plastic bags.</li> </ul>	Accepted	<p>Staff have been reminded through regular briefings that a prisoner’s level of risk can increase if there is a change of circumstance. This is also detailed within the ACCT guidance and is discussed through the training that all staff have received.</p> <p>A notice to staff was issued in June 2021, and reissued in November 2022, reminding staff of the process for distributing plastic bags, including the requirement that prisoners should not be given unperforated plastic bags.</p>	Head of Prisoner Safety Sodexo	Completed
3	<p>The Head of Healthcare should ensure that staff complete an appropriate risk assessment following significant events of self-harm or other incidents of unusual and concerning behaviour.</p>	Accepted	<p>Greater Manchester Mental Health NHS Foundation Trust (GMMH) clinical risk assessments were added to the clinical tree used by clinicians in November 2021 and are used in line with Health and Justice prison performance indicators following incidences of self-harm or escalation of concerning behaviour.</p> <p>The Mental health team are now under one provider and the team manager monitors the risk assessments to ensure compliance with the Trust approved clinical risk training that all staff receive.</p> <p>All mental health staff have completed ACCT V6 training and contribute to all ACCT reviews held on the healthcare unit. This allows risk information to be shared within the multidisciplinary team. All staff are aware of the requirement of using the GMMH clinical risk assessment following all incidences of significant, unusual and concerning behaviour and incidents of self-harm.</p>	<p>Head of Healthcare Sodexo</p> <p>Operational Manager Greater Manchester Mental Health NHS Foundation Trust (GMMH)</p>	Completed

